

City of Leesburg
Sub-Contractor Information Sheet

REQUIRED INFORMATION

PERMIT NUMBER	
PROJECT NAME	
JOB ADDRESS	
LICENSE HOLDER NAME	
COMPANY NAME	
LICENSE NUMBER	

The above named licensed contractor intends to use the following sub-contractor(s) on this project and (if applicable on residential) obtain permits for them;

PLUMBING CONTRACTOR

COMPANY NAME		JOB COST	\$
LICENSE HOLDER NAME		LICENSE	#
CONTRACTOR SIGNATURE		DATE	

MECHANICAL CONTRACTOR

COMPANY NAME		JOB COST	\$
LICENSE HOLDER NAME		LICENSE	#
CONTRACTOR SIGNATURE		DATE	

ELECTRICAL CONTRACTOR

COMPANY NAME		JOB COST	\$
LICENSE HOLDER NAME		LICENSE	#
CONTRACTOR SIGNATURE		DATE	

ROOFING CONTRACTOR

COMPANY NAME		JOB COST	\$
LICENSE HOLDER NAME		LICENSE	#
CONTRACTOR SIGNATURE		DATE	

IRRIGATION CONTRACTOR

COMPANY NAME		JOB COST	\$
LICENSE HOLDER NAME		LICENSE	#
CONTRACTOR SIGNATURE		DATE	

OTHER CONTRACTOR

COMPANY NAME		JOB COST	\$
LICENSE HOLDER NAME		LICENSE	#
CONTRACTOR SIGNATURE		DATE	

NOTE! IF YOUR CHOSEN SUBCONTRACTOR(S) DO NOT HAVE THEIR CURRENT INFORMATION (SUCH AS THEIR BUSINESS LICENSE, COMPETENCY LICENSE, WORKMANS COMPENSATION ETC.) IN OUR FILES THEN **WE ARE UNABLE TO ISSUE A PERMIT FOR SAID SUBCONTRACTOR**, PLEASE VERIFY THEIR INFORMATION

I UNDERSTAND IT IS MY OBLIGATION TO GIVE TIMELY NOTIFICATION OF ANY CHANGE TO THE LEESBURG BUILDING DEPT

_____ PRIMARY CONTRACTOR SIGNATURE	_____ DATE
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